

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/507194 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6	1					
7		6				
8	1					
9	6					
10		10				
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50						
TOTAL IND.	4		↓	↓	↓	
TOTAL DEP.	21		←	←	←	
TOTAL CLAIMS	25					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						